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| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|--|--|---|---|
| | | About Debtor 1: | , | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | EAMBERTO First name G Middle name AGUILAR Last name and Suffix (Sr., Jr., II, III) | ľ | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | LAMBERTO GABRIEL AGUILAR LAMBERTO AGUILAR | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2063 | | |

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Case number (if known)

Debtor 1 LAMBERTO G AGUILAR

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
|--------------------------------------|---|---|--|--|--|--|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. Business name(s) | | | | |
| | Include trade names and doing business as names | Business name(s) | | | | | |
| | | EINs | EINs | | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | | |
| | | 6700 S BRAINARD AVE, Unit 130 Countryside, IL 60525 | | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | | |
| | | Cook County | County | | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | | |
| ò. | Why you are choosing this district to file for | Check one: | Check one: | | | | |
| this district to file for bankruptcy | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | | |
| | | | | | | | |

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Debtor 1 LAMBERTO G AGUILAR

Case number (if known)

| ar | t 2: Tell the Court About | Your E | Bankruptcy Ca | ise | | | | | |
|-----|---|---|----------------------------------|--|-------------------|-------------------------------|---------------------|--|----------------------------|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | ■ Chapter 7 | | | | | | | |
| | | | Chapter 11 | | | | | | |
| | | | Chapter 12 | | | | | | |
| | | | Chapter 13 | | | | | | |
| 3. | How you will pay the fee | • | about how yo | ne entire fee when I file my petition. Please check with the clerk's office in your local court for more detaing our may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mone attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check will address. | | | | | nier's check, or money |
| | | | | | | | option, sign and | attach the Application f | or Individuals to Pay |
| | | | I request that but is not req | t my fee be wuired to, waive | e your fee, and r | y request this may do so only | / if your income is | | official poverty line that |
| | | | | | | | | s). If you choose this op 3B) and file it with your | |
| 9. | Have you filed for bankruptcy within the | ■ N | | | | | | | |
| | last 8 years? | ☐ Ye | | | | | | _ | |
| | | | District | | | _ | | _ | |
| | | | District | | | _ When | | _ Case number | |
| | | | District | | | _ When | | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ N | 0 | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | es. | | | | | | |
| | | | Debtor | | | | | Relationship to you | |
| | | | District | | | When | | Case number, if know | n |
| | | | Debtor | | | | | Relationship to you | |
| | | | District | | | When | | Case number, if know | n |
| 11. | Do you rent your residence? | ■ N | o. Go to l | ine 12. | | | | | |
| | | □ Ye | es. Has yo | ur landlord ob | tained an evicti | on judgment a | gainst you? | | |
| | | | | No. Go to line | e 12. | | | | |
| | | | | Yes. Fill out this bankrupt | | t About an Evid | ction Judgment Ag | gainst You (Form 101A) | and file it as part of |
| | | | | | | | | | |

Debtor 1 LAMBERTO G AGUILAR Document Page 4 of 51 Case number (if known)

| Part | Report About Any Bu | sinesses ` | You Own | as a Sole Proprietor | |
|---|---|---------------|------------------|------------------------------------|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | and location of busine | ss |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, State & | s ZIP Code |
| | it to this petition. | | Check | the appropriate box to | describe your business: |
| | | | | Health Care Busines | s (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real Es | tate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as defin | ed in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broker (a | s defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you are a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you must attach your most recognized as a small business debtor, you are a small business debtor, you are a small business debtor, you must attach your most recognized as a small business debtor, you are a small business debtor, you are a small business debtor, you must attach your most recognized as a small business debtor, you are a small business | | | | | mall business debtor, you must attach your most recent balance sheet, statement of |
| | For a definition of small | ■ No. | I am n | ot filing under Chapter | 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | ling under Chapter 11, | but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am fi | ling under Chapter 11 | and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Pari | 4: Report if You Own or | Have Any | Hazardo | us Property or Any P | roperty That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | . , , , | · · |
| • • • | property that poses or is alleged to pose a threat of imminent and | ■ No. ☐ Yes. | What is t | he hazard? | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | ate attention is why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | umber, Street, City, State & Zip Code |
| | | | | 140 | |

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Debtor 1 LAMBERTO G AGUILAR

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 LAMBERTO G AG | UILAR | Document | Page 6 of 51 | 「 (if known) | | | | |
|------|---|--|--|---|---|--|--|--|--|
| Part | 6: Answer These Questi | ions for R | Reporting Purposes | | | | | | |
| | What kind of debts do you have? | 16a. | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a individual primarily for a personal, family, or household purpose." | | | | | | |
| | you nave. | | □ No. Go to line 16b. | ,, raining, or modelling purposes. | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | ☐ No. Go to line 16c. | , | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you owe | that are not consumer debts or busines | s debts | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. 0 | I am not filing under Chapter 7. Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ■ Yes. | | ou estimate that after any exempt propeble to distribute to unsecured creditors? | erty is excluded and administrative expenses | | | | |
| | | | □ No | | | | | | |
| | | | ■ Yes | | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-1 □ 200-9 | 199 | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | | | |
| 19. | How much do you estimate your assets to be worth? | \$ 100 | 550,000 001 - \$100,000 ,001 - \$500,000 ,001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion | | | | |
| 20. | How much do you estimate your liabilities to be? | \$ 100 | 850,000 001 - \$100,000 ,001 - \$500,000 ,001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | | |
| Part | 7: Sign Below | | | | | | | | |
| For | you | I have ex | xamined this petition, and I declare | e under penalty of perjury that the inform | nation provided is true and correct. | | | | |
| | | | | m aware that I may proceed, if eligible, available under each chapter, and I ch | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7. | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | I reques | t relief in accordance with the chap | oter of title 11, United States Code, spec | cified in this petition. | | | | |
| | | bankrupt and 357 | tcy case can result in fines up to \$2 | | ears, or both. 18 U.S.C. §§ 152, 1341, 1519 | | | | |
| | | LAMBE | ERTO G AGUILAR e of Debtor 1 | Signature of Debtor | 72 | | | | |

Executed on

MM / DD / YYYY

Executed on May 31, 2018 MM / DD / YYYY

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Debtor 1 LAMBERTO G AGUILAR

6282077 ILBar number & State

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Esperanz | a Rivera-Valenzuela | Date | May 31, 2018 |
|----------------------|----------------------------|---------------|------------------------|
| Signature of At | torney for Debtor | | MM / DD / YYYY |
| Esperanza R | Rivera-Valenzuela | | |
| Printed name | | | |
| LAW OFFICE | ES OF ESPERANZA RIVERA-VAL | ENZUELA, LLC | |
| Firm name | | | |
| 6418 W OGD | DEN AVE | | |
| Berwyn, IL 6 | 60402 | | |
| Number, Street, City | y, State & ZIP Code | | |
| Contact phone | 708-749-8600 | Email address | RIVERALAWOFFICE@ME.COM |

| ebtor 1 | LAMBERTO G AC | BUILAR | | |
|---|---------------|-------------------|-------------|--|
| | First Name | Middle Name | Last Name | |
| ebtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Inited States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | | assets of what you own |
|-----|--|-------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 97,500.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 108,117.55 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 205,617.55 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 105,683.50 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 83,632.00 |
| | Your total liabilities | \$ | 189,315.50 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,452.33 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,086.25 |
| Paı | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other so | hedules. |
| | ■ Yes What kind of debt do you have? | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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the court with your other schedules.

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Debtor 1 LAMBERTO G AGUILAR

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,360.49

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total o | claim |
|--|---------|-------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | Case 18-15783 | Doc 1 | | 5/31/18 ment | Entered 05/31/18 | 16:47:50 | Desc | Main |
|--------------|-----------------------------|--|----------------------|--------------|-----------------------------------|---|--|---------------|--|
| Fill | in this in | formation to identify y | our case and th | | 111(2)11 | | | | |
| Deb | otor 1 | LAMBERTO G | G AGUILAR | | | | | | |
| | | First Name | | e Name | | Last Name | | | |
| | otor 2 use, if filing) | First Name | Middle | e Name | | Last Name | | | |
| | | | | | | | | | |
| Unit | ted States | Bankruptcy Court for the | ne: NORTHER | KN DISTRI | ICT OF ILLIN | 1015 | | | |
| Cas | se numbe | r | | | | - | | | Check if this is an |
| | | | | | | | | | amended filing |
| | | | | | | | | | |
| Of | ficial I | Form 106A/B | | | | | | | |
| Sc | hed | ule A/B: Pro | onerty | | | | | | 12/15 |
| _ | | | | an accet o | nly onco. If a | n asset fits in more than one c | atogory list the | accat in the | |
| nink nfor | t it fits bes mation. If | t. Be as complete and ac more space is needed, at | curate as possib | le. If two m | arried people | are filing together, both are electory of any additional pages, v | qually responsib | le for supply | ying correct |
| ınsv | ver every o | question. | | | | | | | |
| Part | 1: Desc | ribe Each Residence, Bui | lding, Land, or Ot | ther Real E | state You Ow | n or Have an Interest In | | | |
| . Do | o you own | or have any legal or equi | itable interest in a | any residen | nce, building, | land, or similar property? | | | |
| П | No. Go to | Port 2 | | | | | | | |
| | | | | | | | | | |
| | • Yes. vvn | ere is the property? | | | | | | | |
| | | | | | | | | | |
| 1.1 | | | | What is | the property | ? Check all that apply | | | |
| | 6700 S | BRAINARD AVE, U | nit 130 | _ | | *** | Do not doduct oo | | or everentions Dut |
| | | ress, if available, or other descr | | | Single-family h Duplex or mult | | | | or exemptions. Put aims on Schedule D: |
| | | | | _ | • | or cooperative | Creditors Who Ha | ave Claims S | Secured by Property. |
| | | | | • | | | | | |
| | | | | _ r | Manufactured | or mobile home | Current value of | the C | urrent value of the |
| | Counti | yside IL | 60525-0000 | ' | Land | | entire property? | - | ortion you own? |
| | City | State | ZIP Code | _ | Investment pro | pperty | \$97,50 | 0.00 | \$97,500.00 |
| | | | | _ | Timeshare | | | | ownership interest |
| | | | | | Other | in the preparty? Objections | (such as fee sim a life estate), if k | | y by the entireties, or |
| | | | | | Debtor 1 only | in the property? Check one | Fee simple | | |
| | Cook | | | _ | Debtor 2 only | - | | | |
| | County | | | | Debtor 1 and D | Ophtor 2 only | | | |
| | , | | | _ | | the debtors and another | Check if thi | | nity property |
| | | | | _ | | ou wish to add about this item, | • | 15) | |
| | | | | | mormation you | | Sucii as IUCai | | |
| | | | | | - | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$97,500.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Document Page 11 of 51 Case number (if known) Debtor 1 LAMBERTO G AGUILAR 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes **CHEVROLET** Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: **AVEO LT** Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 2009 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 113,000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Location: 6700 S BRAINARD \$1,032.00 \$1,032.00 AVE, Unit 130, Countryside IL ☐ Check if this is community property (see instructions) 60525 LT-SEDAN MODEL 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$1,032.00 Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... STOVE AND REFRIGERATOR \$100.00 Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 POTS, PANS AND MISC COOKING UTENSILS \$50.00 Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 **BEDROOM SET WITH DRESSER** \$100.00 Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 TWIN BEDS WITH FRAME AND DRESSER \$70.00 Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 **COUCH AND CHAIR** \$50.00 Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 **TABLE WITH 3 CHAIRS** \$40.00 Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525

Official Form 106A/B Schedule A/B: Property page 2

Case 18-15783

Doc 1

Filed 05/31/18

Entered 05/31/18 16:47:50

Desc Main

| Debtor 1 | Case 18-15783 Doc 1 Filed 05/31/18 Entered 05/31/18 16:47:50 Document Page 12 of 51 Case number (if known) | Desc Main |
|------------------------|--|--|
| | nples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of including cell phones, cameras, media players, games | ollections; electronic devices |
| | TV WITH STAND Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 | \$50.00 |
| | 2 FLAT SCREEN TVS Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 | \$150.00 |
| | ctibles of value nples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin other collections, memorabilia, collectibles | or baseball card collections; |
| | es. Describe | |
| | oment for sports and hobbies nples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments | and kayaks; carpentry tools; |
| □Y€ | es. Describe | |
| ■ No | imples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| | amples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| ■ Ye | es. Describe | |
| | SHIRT, SHOES, PANTS, SHORTS, JACKETS AND UNDERGARMENTS Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 | \$400.00 |
| ■ No | mples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g | gold, silver |
| Exa ■ No | -farm animals umples: Dogs, cats, birds, horses bis. Describe | |
| 14. Any ■ No | other personal and household items you did not already list, including any health aids you did not list | |
| — те | 25. Olve specific information | |
| | d the dollar value of all of your entries from Part 3, including any entries for pages you have attached Part 3. Write that number here | \$1,010.00 |
| | Describe Your Financial Assets | |
| Do you | own or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |

| Debtor 1 | Case 18-15783 | | Filed 05/31/18 Document | Entered 05/31/18 16:47:50 Page 13 of 51 Case number (if known) | Desc Main |
|--------------------------------|---|-----------------------------|---|--|---------------------------------|
| | | | | | |
| □ No | <i>ples:</i> Money you have in yo | • | | osit box, and on hand when you file your petiti | on |
| | | | | Cash Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 | \$20.00 |
| | | | al accounts; certificates counts with the same ins | of deposit; shares in credit unions, brokerage l stitution, list each. | houses, and other similar |
| | | | Institution | name: | |
| | 17.1. | | РО ВОХ | F AMERICA 15284 GTON, DE 19850 | \$435.56 |
| | | | | | |
| <i>Exam</i> ■ No | s, mutual funds, or publicl ples: Bond funds, investme | | ith brokerage firms, mo | ney market accounts | |
| | | | | orporated businesses, including an interes | et in an LLC partnership and |
| | venture | | icorporated and diffic | orporated businesses, including an interes | it in an EEO, partitership, and |
| | Give specific information a | about them ne of entity: | | % of ownership: | |
| Negot | | ersonal check | s, cashiers' checks, pro | egotiable instruments missory notes, and money orders. by signing or delivering them. | |
| | Give specific information a | bout them er name: | | | |
| Exam _l □ No □ | • | A, Keogh, 40° | 1(k), 403(b), thrift savinç | gs accounts, or other pension or profit-sharing | plans |
| ■ Yes. | List each account separate Type o | ely. f account: | Institution | name: | |
| | 401(K PLAN |) RETIREMI | POST OF | TIAL RETIREMENT FICE BOX 5012 ON, PA 18505 | \$103,901.99 |
| Your s <i>Exam</i> | | s you have ma | | ntinue service or use from a company ectric, gas, water), telecommunications compar | nies, or others |
| ■ No □ Yes. | | | Institution | name or individual: | |
| 23. Annui t | ties (A contract for a period | ic payment of | money to you, either fo | or life or for a number of years) | |
| ☐ Yes. | | and descript | | ogram, or under a qualified state tuition pro | |

Schedule A/B: Property

Official Form 106A/B

Document Page 14 of 51 Debtor 1 Case number (if known) LAMBERTO G AGUILAR 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... \$1,536.00 2017 FEDERAL TAX REFUND **Federal 2017 STATE TAX REFUND** \$132.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No

Case 18-15783

Doc 1

Filed 05/31/18

Entered 05/31/18 16:47:50

Desc Main

| | Case 18-13783 Doc 1 Filed 05/31 Documen | | 51,31/18 10.47.50 | Desc Main |
|--------------|---|------------------------------|-----------------------------|--------------------------|
| Deb | or 1 LAMBERTO G AGUILAR | | Case number (if known) | |
| | Yes. Describe each claim | | | |
| 34. (| Other contingent and unliquidated claims of every nature, inc | luding counterclaims | of the debtor and rights to | set off claims |
| | No | - | _ | |
| | Yes. Describe each claim | | | |
| 35 / | any financial assets you did not already list | | | |
| | No | | | |
| | Yes. Give specific information | | | |
| | | | 1 | |
| 36. | Add the dollar value of all of your entries from Part 4, includ | | | \$106,025.55 |
| | for Part 4. Write that number here | | | |
| Part | 5: Describe Any Business-Related Property You Own or Have an Int | erest In. List any real esta | ate in Part 1. | |
| 27 D | o you own or have any legal or equitable interest in any business-rela | ated property? | | |
| _ | No. Go to Part 6. | ated property: | | |
| _ | Yes. Go to line 38. | | | |
| | | | | |
| | _ | | | |
| Part | Describe Any Farm- and Commercial Fishing-Related Property You life you own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interes | st In. | |
| | - · · | | | |
| | o you own or have any legal or equitable interest in any farn | n- or commercial fishir | ng-related property? | |
| | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| | | | | |
| Part | Describe All Property You Own or Have an Interest in That Y | ou Did Not List Above | | |
| 53. [| o you have other property of any kind you did not already lis | st? | | |
| | Examples: Season tickets, country club membership | | | |
| _ | No | | | |
| - | Yes. Give specific information | | | |
| | CELL PHONE-SAMSUNG GAL | AXY 5 | | |
| | Location: 6700 S BRAINARD A | AVE, Unit 130, Coun | tryside IL 60525 | \$50.00 |
| | | | | |
| 54 | Add the dollar value of all of your entries from Part 7. Write t | that number here | | \$50.00 |
| 54. | Add the donar value of all of your charles from fact 7. Write t | mat number nere | | |
| Part | List the Totals of Each Part of this Form | | | |
| ı arı | Else the Totals of Each Fair of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$97,500.00 |
| 56. | Part 2: Total vehicles, line 5 | \$1,032.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$1,010.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$106,025.55 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +\$50.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$108,117.55 | Copy personal property to | stal \$108,117.55 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$205,617.55 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this info | rmation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1 | LAMBERTO G AG | GUILAR | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identity the Property You Claim as Exempt |
|---------|---|
| | |

| Pa | rt 1: Identify the Property You Claim as E | xempt | | | |
|----|--|--------------------------------------|---------|---|------------------------------------|
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | ur spouse is filing with you. | |
| | ■ You are claiming state and federal nonban | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 l | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | 6700 S BRAINARD AVE, Unit 130 | \$97,500.00 | | \$12,818.00 | 735 ILCS 5/12-901 |
| | Countryside, IL 60525 Cook County Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2009 CHEVROLET AVEO LT 113,000 miles | \$1,032.00 | | \$1,032.00 | 735 ILCS 5/12-1001(c) |
| | Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 LT-SEDAN MODEL | | | 100% of fair market value, up to any applicable statutory limit | |
| | Line from Schedule A/B: 3.1 | | | | |
| | STOVE AND REFRIGERATOR | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |

UTENSILS Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525

POTS. PANS AND MISC COOKING

Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525

Line from Schedule A/B: 6.2

Line from Schedule A/B: 6.1

\$50.00

735 ILCS 5/12-1001(b)

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to

any applicable statutory limit

Case 18-15783 Doc 1 Filed 05/31/18 Entered 05/31/18 16:47:50 Desc Main Page 17 of 51 Document **LAMBERTO G AGUILAR** Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. **BEDROOM SET WITH DRESSER** 735 ILCS 5/12-1001(b) \$100.00 \$100.00 Location: 6700 S BRAINARD AVE. Unit 130, Countryside IL 60525 100% of fair market value, up to Line from Schedule A/B: 6.3 any applicable statutory limit TWIN BEDS WITH FRAME AND 735 ILCS 5/12-1001(b) \$70.00 \$70.00 DRESSER Location: 6700 S BRAINARD AVE, 100% of fair market value, up to Unit 130, Countryside IL 60525 any applicable statutory limit Line from Schedule A/B: 6.4 **COUCH AND CHAIR** 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 6.5 **TABLE WITH 3 CHAIRS** 735 ILCS 5/12-1001(b) \$40.00 \$40.00 Location: 6700 S BRAINARD AVE, П Unit 130, Countryside IL 60525 100% of fair market value, up to Line from Schedule A/B: 6.6 any applicable statutory limit TV WITH STAND 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 100% of fair market value, up to Line from Schedule A/B: 7.1 any applicable statutory limit **2 FLAT SCREEN TVS** 735 ILCS 5/12-1001(b) \$150.00 \$150.00 Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 П 100% of fair market value, up to Line from Schedule A/B: 7.2 any applicable statutory limit SHIRT, SHOES, PANTS, SHORTS, 735 ILCS 5/12-1001(b) \$400.00 \$400.00 **JACKETS AND UNDERGARMENTS** Location: 6700 S BRAINARD AVE, 100% of fair market value, up to Unit 130, Countryside IL 60525 any applicable statutory limit Line from Schedule A/B: 11.1 Cash 735 ILCS 5/12-1001(b) \$20.00 \$20.00 Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 100% of fair market value, up to Line from Schedule A/B: 16.1 any applicable statutory limit **BANK OF AMERICA** 735 ILCS 5/12-1001(b) \$435.56 \$435.56 PO BOX 15284 **WILMINGTON. DE 19850** 100% of fair market value, up to Line from Schedule A/B: 17.1 any applicable statutory limit Federal: 2017 FEDERAL TAX

Line from Schedule A/B: 28.1

2017 STATE TAX REFUND

Line from Schedule A/B: 28.2

REFUND

Official Form 106C

\$1,536.00

\$132.00

735 ILCS 5/12-1001(b)

735 ILCS 5/12-1001(b)

\$1,536.00

\$132.00

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

Case 18-15783 Doc 1 Filed 05/31/18 Entered 05/31/18 16:47:50 Desc Main Document Page 18 of 51 LAMBERTO G AGUILAR Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **CELL PHONE-SAMSUNG GALAXY 5** 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Location: 6700 S BRAINARD AVE, Unit 130, Countryside IL 60525 100% of fair market value, up to Line from Schedule A/B: 53.1 any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| | Ouse 1 | 10 10100 | Document P | Page 19 | of 51 | — | iairi |
|----------------------------|--------------------------------|----------------------|---|-----------------|--|--|--------------------------|
| Fill in this | s informatior | ι to identify you | ır case: | | | | |
| Debtor 1 | LA | MBERTO G A | AGUILAR | | | | |
| | Firs | t Name | Middle Name La | ast Name | | | |
| Debtor 2 (Spouse if, fi | ling) Firs | st Name | Middle Name La | ast Name | | | |
| United Sta | ates Bankrupt | tcy Court for the: | NORTHERN DISTRICT OF ILLING |)IS | | | |
| Case num | nber | | | | | | |
| (if known) | | | | | | | if this is an |
| | | | | | | amend | led filing |
| Official | Form 10 | 6D | | | | | |
| Sched | dule D: 0 | Creditors | Who Have Claims Se | cured | by Propert | У | 12/15 |
| | copy the Addit | | If two married people are filing together, I out, number the entries, and attach it to tl | | | | |
| • | • | claims secured by | vour property? | | | | |
| | | - | his form to the court with your other sch | nedules. Yo | u have nothing else t | o report on this form. | |
| _ | | the information | • | | g | | |
| Part 1: | List All Sec | | below. | | | | |
| | | | more than any accurred along light the available | r concretely | Column A | Column B | Column C |
| for each cla | aim. If more tha | an one creditor has | more than one secured claim, list the credito a particular claim, list the other creditors in cal order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| | rington Mo vice. Llc | rtgage | Describe the property that secures the | claim: | \$84,682.00 | \$97,500.00 | \$0.00 |
| | tor's Name | | 6700 S BRAINARD AVE, Unit 13 | | | | |
| | | | Countryside, IL 60525 Cook Co | | | | |
| _ | D 0400 | | As of the date you file, the claim is: Cher | ck all that | | | |
| | Box 3489 aheim, CA 9 | 12803 | apply. | | | | |
| | per, Street, City, S | | ☐ Contingent☐ Unliquidated | | | | |
| Num | ber, officer, Orty, o | tate & Zip Code | ☐ Disputed | | | | |
| Who owe | s the debt? C | heck one. | Nature of lien. Check all that apply. | | | | |
| Debtor | 1 only | | An agreement you made (such as mort | gage or secu | ured | | |
| Debtor | · · | | car loan) | | | | |
| | 1 and Debtor 2 | • | ☐ Statutory lien (such as tax lien, mechar | nic's lien) | | | |
| | | tors and another | ☐ Judgment lien from a lawsuit | | | | |
| | if this claim re unity debt | iates to a | Other (including a right to offset) | | | | |
| | | Opened 08/12 Last | | | | | |
| Date debt | was incurred | Active 3/16/18 | Last 4 digits of account number | 8045 | | | |
| DDI | IDENTIAL | | | | | | |
| ') ') | UDENTIAL TIREMENT | | Describe the property that secures the | claim: | \$21,001.50 | \$103,901.99 | \$0.00 |
| | tor's Name | | 401(K) RETIREMENT PLAN: | | | | - |
| | | | PRUDENTIAL RETIREMENT | | | | |
| | | | POST OFFICE BOX 5012 | | | | |
| DO | OT OFFICE | DOV 5040 | SCRANTON, PA 18505 As of the date you file, the claim is: Chec | ck all that | | | |
| | ST OFFICE anton, PA 1 | | apply. | | | | |
| | per, Street, City, S | | ☐ Contingent☐ Unliquidated | | | | |
| Nuill | oor, oneen, only, o | iaio a zip oude | ☐ Unliquidated ☐ Disputed | | | | |
| Who owe | s the debt? C | heck one. | Nature of lien. Check all that apply. | | | | |
| Debtor | 1 only | | An agreement you made (such as more | tgage or secu | ured | | |
| ☐ Debtor | • | | car loan) | - | | | |

Schedule D: Creditors Who Have Claims Secured by Property

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Debtor 1 and Debtor 2 only

Official Form 106D

Case 18-15783 Doc 1 Filed 05/31/18 Entered 05/31/18 16:47:50 Desc Main Document Page 20 of 51

| Debtor 1 | LAMBERTO | G AGUILAF | ₹ | Cas | se number (if know) | |
|------------|---|----------------|---|----------------|------------------------------|--|
| | First Name | Middle N | ame Last Name | | | |
| ☐ Check | t one of the debto if this claim rela nunity debt | | ☐ Judgment lien from a lawsuit☐ Other (including a right to off | | | |
| Date debt | was incurred | 8/17/2015 | Last 4 digits of accoun | LAMBER AGUILAR | | |
| If this is | • | your form, add | olumn A on this page. Write tha the dollar value totals from all p | | \$105,683.50 \$105,683.50 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | 0000 10 10100 1 | Document Document | Page 2 | 1 of 51 | DC30 Main |
|---|--|---|------------------|---|------------------------------------|
| Fill in this in | formation to identify your | | | | |
| Debtor 1 | LAMBERTO G AG | SUII AR | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Ti AN | NC LIN N | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | |
| Case numbe | r | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official E | orm 106E/E | | | | |
| | orm 106E/F | lha Haya Unaaayrad | Claima | | 40/4E |
| | | Tho Have Unsecured te Part 1 for creditors with PRIORITY | | | 12/15 |
| chedule D: Creft. Attach the ame and case | reditors Who Have Claims Sec Continuation Page to this page number (if known). | ired Leases (Official Form 106G). Doured by Property. If more space is not get if you have no information to rep | eeded, copy t | he Part you need, fill it out, numbe | er the entries in the boxes on the |
| | st All of Your PRIORITY Un | | | | |
| _ ` | editors have priority unsecure | d claims against you? | | | |
| ■ No. Go | to Part 2. | | | | |
| ☐ Yes. Part 2: Lis | ot All of Your NONDDIODIT | V Unacquired Claims | | | |
| | st All of Your NONPRIORIT | | | | |
| _ ` | editors have nonpriority unsec | | | | |
| ⊔ No. Yo | u have nothing to report in this p | art. Submit this form to the court with y | our other sche | edules. | |
| Yes. | | | | | |
| unsecured | claim, list the creditor separately | aims in the alphabetical order of the y for each claim. For each claim listed, ist the other creditors in Part 3.If you h | identify what t | ype of claim it is. Do not list claims al | Iready included in Part 1. If more |
| | | | | | Total claim |
| 4.1 Ban | k Of America | Last 4 digits of acco | ount number | 1536 | \$23,137.00 |
| Nonpi | riority Creditor's Name | | | | |
| | : Bankruptcy | When wee the debt | :ma | Opened 10/15/09 Last Ac | ctive |
| | 3ox 982238 aso, TX 79998 | When was the debt | incurrea? | 03/18 | |
| | per Street City State Zlp Code | As of the date you f | ile, the claim i | s: Check all that apply | |
| Who | incurred the debt? Check one. | | | | |
| ■ De | ebtor 1 only | ☐ Contingent | | | |
| □ De | ebtor 2 only | ☐ Unliquidated | | | |
| □ De | ebtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At | least one of the debtors and and | other Type of NONPRIORI | ITY unsecured | l claim: | |
| | heck if this claim is for a com | munity | | | |
| debt | claim subject to offset? | Obligations arising report as priority clain | | ration agreement or divorce that you | did not |
| _ | - | | | g plans, and other similar debts | |
| ■ No | 0 | • | | 51 | |
| □Y€ | es | Other. Specify | NEARING A | FOR FOOD, GAS AND | |

Document Page 22 of 51 Debtor 1 LAMBERTO G AGUILAR Case number (if know) 4.2 **Barclays Bank Delaware** Last 4 digits of account number 2812 \$9.825.00 Nonpriority Creditor's Name Attn: Correspondence Opened 02/17 Last Active Po Box 8801 When was the debt incurred? 03/18 Wilmington, DE 19899 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Credit Card- FOOD, GAS AND WEARING ■ Other. Specify APPAREL. ☐ Yes 4.3 **Chase Card Services** \$11,603.00 Last 4 digits of account number 7199 Nonpriority Creditor's Name **Correspondence Dept** Opened 02/17 Last Active Po Box 15298 When was the debt incurred? 03/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts Credit Card FOR FOOD, GAS AND Other. Specify WEARING APPAREL ☐ Yes 4.4 **Chase Card Services** Last 4 digits of account number \$990.00 1522 Nonpriority Creditor's Name **Correspondence Dept** Opened 04/99 Last Active Po Box 15298 When was the debt incurred? 04/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

WEARING APPAREL

Credit Card FOR FOOD, GAS AND

Document Page 23 of 51 Debtor 1 LAMBERTO G AGUILAR Case number (if know) 4.5 Citibank Last 4 digits of account number 1987 \$2.547.00 Nonpriority Creditor's Name **Centralized Bankruptcy** Opened 06/13 Last Active Po Box 790034 When was the debt incurred? 2/16/18 St Louis, MO 63179 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Credit Card FOR FOOD, GAS, AND ☐ Yes Other. Specify WEARING APPAREL 4.6 Citibank/Best Buy \$981.00 Last 4 digits of account number 5827 Nonpriority Creditor's Name Centralized Bankruptcy Opened 3/03/12 Last Active Po Box 790034 When was the debt incurred? 4/13/18 St Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.7 Citicards \$9,088.00 Last 4 digits of account number 2459 Nonpriority Creditor's Name Citi Credit Ser Opened 05/11 Last Active Po Box 790040 When was the debt incurred? 2/02/18 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Credit Card -CHARGE ACCOUNT, FOR

Other. Specify FOOD, GAS, AND WEARING APPAREL.

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Debtor 1 LAMBERTO G AGUILAR Case number (if know) 4.8 Comenitybank/New York Last 4 digits of account number 6744 \$883.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 02/07 Last Active When was the debt incurred? Po Box 182125 04/18 Columbus, OH 43218 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Charge Account- CHARGE ACCOUNT FOR ☐ Yes Other. Specify FOOD, GAS AND WEARING APPAREL 4.9 **Credit First National Assoc** \$957.00 Last 4 digits of account number 9188 Nonpriority Creditor's Name Attn: BK Credit Operations Opened 12/13 Last Active Po Box 81315 When was the debt incurred? 4/03/18 Cleveland, OH 44181 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.1 **Discover Financial** \$8.643.00 6216 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 12/12 Last Active Po Box 3025 When was the debt incurred? 03/18 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Credit Card- CHARGE ACCOUNT FOR** FOOD, GAS, AND NECESSARY WEARING Other. Specify APPAREL. ☐ Yes

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Case 18-15783 Desc Main Document Page 25 of 51 Debtor 1 LAMBERTO G AGUILAR Case number (if know) 4.1 Kohls/Capital One 2373 \$2,629.00 Last 4 digits of account number Nonpriority Creditor's Name **Kohls Credit** Opened 06/08 Last Active When was the debt incurred? Po Box 3120 03/18 Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Syncb/car Care Midas 9550 \$749.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Opened 05/15 Last Active Po Box 965036 When was the debt incurred? 4/15/18 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.1 7609 Synchrony Bank \$594.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 12/16 Last Active Po Box 965060 When was the debt incurred? 04/18 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent

Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

| Debto | r1 LAMBERTO G AGUILAR | Document Page 2 | ed U5/31/18 16:47:50 Desc N 6 of 51 Case number (if know) | /lain |
|----------|---|--|---|------------|
| 4.1 | Synchrony Bank/Gap | Last 4 digits of account number | 0783 | \$2,287.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 11/00 Last Active 04/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | count- FOR WEARING APPAREL | |
| 4.1 | Synchrony Bank/Old Navy | Last 4 digits of account number | 9667 | \$1,912.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 11/07 Last Active 4/11/18 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | 0 0 1 | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | FOR WEARING APPAREL | |
| 4.1 6 | Synchrony Bank/Walmart | Last 4 digits of account number | 7619 | \$6,807.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 05/16 Last Active 04/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

 \square Obligations arising out of a separation agreement or divorce that you did not

Credit Card- CHARGE ACCOUNT FOR

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Other. Specify FOOD, GAS AND WEARING APPAREL.

debt

■ No

☐ Yes

report as priority claims

Is the claim subject to offset?

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 LAMBERTO G AGUILAR

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | • | Total Claim |
|--------------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 83,632.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 83,632.00 |

| | | | III FAU C ZO DI JI | |
|---------------------|--------------------------|-------------------|-------------------------------|--------------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | LAMBERTO G AC | GUILAR | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if the amended f |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | h whom you have the cer, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | | | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | , | | | | |
| 2.7 | Name | | | | _ |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| | • | | | | |

| | | Docume | nt Page 29 ເ | of 51 |
|-----------------------------|--|--|---------------------------|--|
| Fill in this i | information to identify your | case: | | |
| Debtor 1 | LAMBERTO G A | ZIIII AD | | |
| DODIO! ! | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing | g) First Name | Middle Name | Last Name | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case numb | er | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official | Form 106H | | | |
| Sched | ule H: Your Cod | ebtors | | 12/15 |
| bonca | aic II. Ioai ood | CDIOIS | | 12/13 |
| your name | and case number (if known) |). Answer every question | | to this page. On the top of any Additional Pages, write |
| 1. Бо у | ou have any codebiors: (II | you are ming a joint case, t | do not list eltrer spouse | as a codebior. |
| ■ No □ Yes | | | | |
| | in the last 8 years, have you a, California, Idaho, Louisiana | | | ry? (Community property states and territories include ington, and Wisconsin.) |
| | Go to line 3. Did your spouse, former spo | use, or legal equivalent live | e with you at the time? | |
| in line Form 1 out Co | 2 again as a codebtor only | if that person is a guaran I Form 106E/F), or Sched | tor or cosigner. Make | r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to fi Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| | · · · · · · · · · · · · · · · · · · · | | | Officer an sofficialies that apply. |
| 3.1 | | | | Schedule D, line |
| N | lame | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| N | lumber Street | | | _ |
| | City | State | ZIP Code | |
| | | | | |
| 3.2 | lame | | | Schedule D, line |
| N | ianic | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| N | lumber Street | | | _ |
| C | City | State | ZIP Code | |

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| | | | | | _ | | | |
|------------------------|--|---|--|----------------------------|--|--|-----------------|--|
| Fill | in this information to identify your | case: | | | | | | |
| Deb | otor 1 LAMBERT | O G AGUILAR | | | | | | |
| | otor 2 use, if filing) | | | | | | | |
| Uni | ted States Bankruptcy Court for th | ne: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | |
| Case number (If known) | | | | | Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter | | | |
| O | fficial Form 106I | | | | | e as of the following date: | | |
| | chedule I: Your Inc | rome | | | MM / DD/ | YYYY | 12/15 | |
| sup spo atta | as complete and accurate as poplying correct information. If youse. If you are separated and you have a separate sheet to this form 1: Describe Employmen | u are married and not filing wing spouse is not filing wing wing. On the top of any additions. | ng jointly, and your ith you, do not inclu | spouse is livude informati | ving with you, inc | clude information about bouse. If more space is | your needed, | |
| 1. | Fill in your employment information. | | Debtor 1 | | Debtor | 2 or non-filing spouse | | |
| | If you have more than one job, | Employment status* | ■ Employed | | ☐ Emp | ☐ Employed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | ☐ Not | ☐ Not employed | | |
| | employers. | Occupation | LABORER | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | FELLOWES | | | | | |
| | Occupation may include studen or homemaker, if it applies. | Employer's address | 1789 NORWOO Itasca, IL 60143 | | | | | |
| | | How long employed the | | _ | | | | |
| | | | *See Att | tachment for | Additional Empl | oyment Information | | |
| Par | Give Details About M | onthly Income | | | | | | |
| | mate monthly income as of the use unless you are separated. | date you file this form. If y | you have nothing to r | report for any | line, write \$0 in th | e space. Include your no | n-filing | |
| | u or your non-filing spouse have respace, attach a separate sheet | | ombine the information | on for all empl | oyers for that pers | son on the lines below. If | you need | |
| | | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | | |
| 2. | List monthly gross wages, sa deductions). If not paid monthly | 3, | | 2. \$ | 5,388.50 | \$ N/A | - | |
| 3. | Estimate and list monthly ove | rtime pay. | | 3. +\$ | 0.00 | +\$ <u>N/A</u> | - | |
| 4. | Calculate gross Income. Add | line 2 + line 3. | | 4. \$ | 5,388.50 | \$N/A | | |
| | | | | | | | | |

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| Debt | otor 1 LAMBERTO G AGUILAR | | | Case | e number (if known) | | | | |
|------|---|---|----------------|---------------------------------|--|------------------------|------------------------|---------------------------------|----------|
| | | | | For | r Debtor 1 | | Debtor 2 -filing sp | | |
| | Copy line 4 here | 4 | | \$ | 5,388.50 | \$ | ming sp | N/A | |
| 5. | List all payroll deductions: | | | | | | | | |
| J. | , , | - | | æ | 204.00 | ¢ | | N1/A | |
| | 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans | | a. b. | \$_ \$ | 694.09 | \$ | | N/A N/A | |
| | 5c. Voluntary contributions for retirement plans | | C. | \$ _ | 0.00 221.11 | \$ | | N/A | - |
| | 5d. Required repayments of retirement fund loans | | d. | \$_ | 0.00 | \$- | | N/A | - |
| | 5e. Insurance | | e. | \$ | 244.94 | \$ | | N/A | |
| | 5f. Domestic support obligations | 5 | f. | \$ | 0.00 | \$ | | N/A | - |
| | 5g. Union dues | 5 | g. | \$ | 0.00 | \$ | | N/A | - |
| | 5h. Other deductions. Specify: GROUP TERM LIF | E 5 | h.+ | \$ | 3.75 | + \$ | | N/A | - |
| | 401K LOAN | | | \$ | 758.68 | \$ | | N/A | |
| | AD&D EMPLOYEE | | | \$_ | 0.43 | \$ | | N/A | - |
| | LONG TERM DISABILITY | | | \$_ | 5.89 | \$ | | N/A | - |
| | OPTIONAL LIFE | | | \$_ | 3.29 | \$ | | N/A | |
| | SHORT TERM DISABILITY | | | \$_ | 3.99 | \$ | | N/A | |
| 6. | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e | • | | \$_ | 1,936.17 | \$ | | N/A | - |
| 7. | Calculate total monthly take-home pay. Subtract line 6 f | rom line 4. 7 | | \$_ | 3,452.33 | \$ | | N/A | = |
| 9. | List all other income regularly received: 8a. Net income from rental property and from operat profession, or farm Attach a statement for each property and business s receipts, ordinary and necessary business expenses monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing syregularly receive Include alimony, spousal support, child support, main settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly include cash assistance and the value (if known) of a that you receive, such as food stamps (benefits under Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g | howing gross a, and the total pouse, or a dependent ntenance, divorce 8 8 8 8 receive any non-cash assistance er the Supplemental 8 8 8 | g. h.+ [| \$_ \$_ \$_ \$_ \$_ | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ + \$ | | N/A N/A N/A N/A N/A | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non- | 10. filing spouse. | \$ | | 3,452.33 + \$ | | N/A = | \$_ | 3,452.33 |
| 11. | State all other regular contributions to the expenses th Include contributions from an unmarried partner, members other friends or relatives. Do not include any amounts already included in lines 2-10 Specify: | at you list in Schedule J. of your household, your dep | | | . , | • | | J. +\$ | 0.00 |
| 12. | Add the amount in the last column of line 10 to the amount that amount on the Summary of Schedules and Statistapplies | | | | | | L | \$ | 3,452.33 |
| 13. | Do you expect an increase or decrease within the year No. | after you file this form? | | | | | | | y income |
| | ☐ Ves Evolain: | | | | | | | | |

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| Debtor 1 LAMBERTO G AGUILAR | Case number (if known) | |
|-----------------------------|------------------------|--|
|-----------------------------|------------------------|--|

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|--------------------------|--|
| Occupation | SERVER | |
| Name of Employer | PORTFOLIO OAK BROOK, LLC | |
| How long employed | | |
| Address of Employer | 601 OAKMONT LANE | |
| . , | Westmont, IL 60559 | |

Official Form 106I Schedule I: Your Income page 3

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| Fill | in this informa | tion to identify ye | our case: | | | 1 | | |
|-------------------|--|--|--|--|--|-------------|------------------------------------|-------------------------------|
| | | | | | | | | |
| Deb | otor 1 | LAMBERTO | G AGUIL | .AR | | Che □ | eck if this is: An amended filing | |
| Deb | otor 2 | | | | | | • | ving postpetition chapter |
| (Spo | ouse, if filing) | | | | | | 13 expenses as of | the following date: |
| Unit | ted States Bankr | ruptcy Court for the | : NORTH | ERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| Cas | se number | | | | | | | |
| (If k | nown) | | | | | | | |
| O | fficial Fo | rm 106J | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | 12/15 |
| Be info nur | as complete a ormation. If m mber (if know | and accurate as ore space is ne n). Answer eve | s possible eded, atta ry questio | . If two married people ar | | | | |
| Par 1. | t 1: Descr Is this a joir | ibe Your House | ehold | | | | | |
| •• | No. Go to | | | | | | | |
| | | =- | in a separ | ate household? | | | | |
| | □N | 0 | • | | | | | |
| | □ Y | es. Debtor 2 mu | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of De | btor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | Daughter | | 9 | ■ Yes |
| | | | | | _ | | | □ No |
| | | | | | Son | | _ 11 | Yes |
| | | | | | Wife | | 42 | □ No |
| | | | | | vviie | | | ■ Yes □ No |
| | | | | | | | | ☐ No☐ Yes |
| 3. | | enses include | | No | | | | 1 103 |
| | | f people other t d your depende | han 👝 | Yes | | | | |
| | yoursen am | u your depende | iiio f | | | | | |
| Est exp | imate your ex | | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| | • | • | | government assistance i | • | | | |
| | ficial Form 10 | | a nave inc | cluded it on Schedule I: \ | our income | | Your exp | enses |
| | | | | | | | | |
| 4. | | or home owners and any rent for the | | ses for your residence. In or lot. | nclude first mortgag | e 4. | \$ | 1,054.74 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | | rty, homeowner' | | | | 4b. | | 0.00 |
| | | | | ıpkeep expenses | | 4c. | | 250.00 |
| 5. | | owner's associa | | dominium dues our residence, such as ho | me equity loops | 4d. 5. | · | 306.51 0.00 |
| J. | Auditional | norigage payiii | enta for yo | our residence, such as no | me equity loans | 5. | Ψ | 0.00 |

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| 6a. 6b. 6c. 6d. | ties: Electricity, heat, natural gas | 63 | | |
|--------------------------|---|------|-----------|----------|
| 6b. 6c. 6d. | · | 62 | _ | |
| 6c. 6d. | Material services and bear and leating | ua. | \$ | 180.00 |
| 6d. | Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 295.00 |
| 7 Foo | Other. Specify: | 6d. | \$ | 0.00 |
| | d and housekeeping supplies | | \$ | 850.00 |
| 8. Chil | dcare and children's education costs | 8. | \$ | 50.00 |
| 9. Clot | hing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| 10. Pers | sonal care products and services | 10. | \$ | 150.00 |
| 11. Me c | lical and dental expenses | 11. | \$ | 50.00 |
| 12. Trai | nsportation. Include gas, maintenance, bus or train fare. | | | 400.00 |
| Do r | not include car payments. | 12. | \$ | 400.00 |
| 13. Ent | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 150.00 |
| 14. Cha | ritable contributions and religious donations | 14. | \$ | 100.00 |
| 15. Ins u | | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | • | |
| | Life insurance | 15a. | · | 0.00 |
| | Health insurance | 15b. | | 0.00 |
| | Vehicle insurance | 15c. | · · | 150.00 |
| | Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. Tax | es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: | 16. | \$ | 0.00 |
| | allment or lease payments: | | | |
| 17a. | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| 17d | Other. Specify: | 17d. | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report as | | | |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | 0.00 |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spe | | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sche | | | |
| | Mortgages on other property | 20a. | · - | 0.00 |
| | Real estate taxes | 20b. | | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | Homeowner's association or condominium dues | 20e. | · | 0.00 |
| 21. Oth | er: Specify: | 21. | +\$ | 0.00 |
| | culate your monthly expenses Add lines 4 through 21. | | • | 4.096.35 |
| | • | | \$ | 4,086.25 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | I | |
| | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 4,086.25 |
| | culate your monthly net income. | | _ | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | · · | 3,452.33 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 4,086.25 |
| 23c. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | -633.92 |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: DEBTOR EXPECTS TO CUT DOWN ON HOURS DUE TO HEALTH CONCERNS AND RECOMMENDATION OF DEBTOR'S PHYSICIAN.

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| Fill in this inform | | | | | | | |
|---------------------------------------|--|--------------------------|---------------|------------------------|----------------|---|-------|
| FIII IN this inform | ation to identify your | case: | | | | | |
| Debtor 1 | LAMBERTO G AG | Middle Name | Loo | t Name | | | |
| Debtor 2 | riist name | Middle Name | Las | a name | | | |
| (Spouse if, filing) | First Name | Middle Name | Las | t Name | | | |
| United States Ban | kruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINO | IS | | | |
| Case number | | | | | | | |
| (if known) | | | | | | Check if this is amended filing | |
| Official Form Declarati | | ın Individua | l Debte | or's Sched | ules | | 12/15 |
| If two married ped | ople are filing together | r, both are equally resp | onsible for s | upplying correct info | ormation. | | |
| obtaining money years, or both. 18 | | n connection with a ba | | | | ement, concealing prope 10, or imprisonment for u | |
| Did you pay | or agree to pay some | one who is NOT an atte | orney to help | you fill out bankrupt | tcy forms? | | |
| ■ No | | | | | | | |
| ☐ Yes. Na | ame of person | | | | | kruptcy Petition Preparer's , and Signature (Official Fo | |
| | y of perjury, I declare true and correct. | that I have read the su | mmary and s | chedules filed with th | his declaratio | on and | |
| X /s/ LAM | BERTO G AGUILAR | 1 | Х | | | | |
| | RTO G AGUILAR e of Debtor 1 | | | Signature of Debtor 2 | 2 | | |
| Date M | lay 31, 2018 | | | Date | | | |

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| | lin Ahin in | formation to identify you | * *** | | | | | | |
|-------------------|---|--|---|-----------|---|--|---|--|--|
| | | | | | | | | | |
| De | btor 1 | LAMBERTO G A | Middle Name | | Last Name | | | | |
| | btor 2 buse if, filing) | First Name | Middle Name | | Last Name | | | | |
| Un | ited States | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILL | INOIS | | | | |
| | se numbe | r | | | | | Check if this is an amended filing | | |
| St | ateme | ete and accurate as poss | | are fili | ing together, both are | equally responsible for su | | | |
| | | If more space is needed lown). Answer every que | | o this f | orm. On the top of any | additional pages, write yo | our name and case | | |
| Pa | rt 1: Gi | ve Details About Your Ma | arital Status and Where Yo | ou Live | d Before | | | | |
| 1. | What is | your current marital state | ıs? | | | | | | |
| | _ | ried married | | | | | | | |
| 2. | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | ■ No □ Yes | . List all of the places you | lived in the last 3 years. Do | not incl | ude where you live now | | | | |
| | Debtor | 1 Prior Address: | Dates Debtor lived there | 1 | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | |
| 3. stat | | | | | | ity property state or territo co, Texas, Washington and | | | |
| | ■ No □ Yes | . Make sure you fill out <i>Sc</i> | hedule H: Your Codebtors (| Official | Form 106H). | | | | |
| Pa | rt 2 Ex | plain the Sources of You | ır Income | | | | | | |
| 4. | Fill in the | total amount of income yo | mployment or from operatou received from all jobs and have income that you rece | d all bus | sinesses, including part- | | endar years? | | |
| | ■ No □ Yes | . Fill in the details. | | | | | | | |
| | | | Debtor 1 | | | Debtor 2 | | | |
| | | | Sources of income Check all that apply. | (be | oss income efore deductions and clusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |

Case 18-15783 Doc 1 Filed 05/31/18 Entered 05/31/18 16:47:50 Desc Main Page 37 of 51 Document Case number (if known) LAMBERTO G AGUILAR Debtor 1 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income **Gross income** Gross income from Describe below. Describe below. (before deductions each source (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an □ No. individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☐ Yes. List all payments to an insider.

Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment paid still owe

Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

Nο

Yes. List all payments to an insider

Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment Include creditor's name paid still owe

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Case number (if known) Document Debtor 1 LAMBERTO G AGUILAR

| Pai | t 4: Identify Legal Actions, Repossess | sions, and Foreclosures | | | |
|--------------|---|---|--|--------------------------|--------------------------|
| 9. | Within 1 year before you filed for bankru List all such matters, including personal injumodifications, and contract disputes. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case title Case number | Nature of the case | Court or agency | Status of th | e case |
| 10. | Within 1 year before you filed for bankru Check all that apply and fill in the details be | | erty repossessed, foreclose | d, garnished, attached | l, seized, or levied? |
| | ■ No. Go to line 11. □ Yes. Fill in the information below. | | | | |
| | Creditor Name and Address | Describe the Property | | Date | Value of the property |
| | | Explain what happene | d | | ргоролу |
| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment border No ☐ Yes. Fill in the details. | | cluding a bank or financial ir | stitution, set off any a | mounts from your |
| | Creditor Name and Address | Describe the action th | e creditor took | Date action was taken | Amount |
| Pa 13 | court-appointed receiver, a custodian, o No Yes List Certain Gifts and Contribution Within 2 years before you filed for banks | ns | ts with a total value of more | than \$600 per person? | |
| 10. | ■ No □ Yes. Fill in the details for each gift. | aptoy, and you give any give | is with a total value of more | man voor per person. | |
| | Gifts with a total value of more than \$60 per person | Describe the gifts | 1 | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | 1 | | | |
| 14. | Within 2 years before you filed for banks ■ No | ruptcy, did you give any gif | ts or contributions with a tot | al value of more than | \$600 to any charity? |
| | \square Yes. Fill in the details for each gift or | contribution. | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | u contributed | Dates you contributed | Value |
| Pai | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | uptcy or since you filed for l | bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance co | • | Date of your loss | Value of property lost |
| | non the loop populity | Include the amount that insurance claims on line 33 | urance has paid. List pending of Schedule A/B: Property. | 1000 | 1051 |

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Debtor 1 LAMBERTO G AGUILAR

| | _ | | |
|---------|--------------|-----------------|--------------|
| Part 7: | List Certain | Payments | or Transfers |

| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | |
|-----|--|---|----------------------------------|------------|--|---|--|
| | □ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and va transferred | lue of any property | | Date payment or transfer was made | Amount of payment | |
| | DEBTOREDU 378 SUMMIT AVE Jersey City, NJ 07306 DEBTOR | ONLINE CREDIT | COUNSELING \$1 | 4.95 | 4/24/2018 | \$14.95 | |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you list No | or to make payments t | | alf pay o | r transfer any prope | rty to anyone who | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | Description and va transferred | | | Date payment or transfer was made | Amount of payment | |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already lined No Yes. Fill in the details. | iness or financial affair e as security (such as the | rs? | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and va property transferre | d pa | | ny property or received or debts change | Date transfer was made | |
| 19. | Within 10 years before you filed for bankrupton beneficiary? (These are often called asset-protection No Yes. Fill in the details. | | property to a self-s | ettled tru | st or similar device | of which you are a | |
| | Name of trust | Description and value of the property transferred | | | ed | Date Transfer was made | |
| Par | t 8: List of Certain Financial Accounts, Instru | uments. Safe Deposit I | Boxes, and Storage | Units | | made | |
| | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa No | were any financial account | ounts or instrument | ts held in | | | |
| | | | T | D-1 | - | Last balance | |
| | | _ | Type of account or instrument | clos | e account was sed, sold, ved, or nsferred | Last balance before closing or transfer | |
| | | | | | | | |

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Debtor 1 LAMBERTO G AGUILAR

| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | r before you filed for bankruptcy, an | y safe deposit box or other depositor | ry for securities, |
|-----|---|---|---------------------------------------|-----------------------|
| | No | | | |
| | Yes. Fill in the details. | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| 22. | _ | place other than your home within 1 | year before you filed for bankruptcy? | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for | Someone Else | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any propert | y you borrowed from, are storing for, | or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Par | t 10: Give Details About Environmental Inform | , | | |
| For | the purpose of Part 10, the following definitions | s apply: | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these su | air, land, soil, surface water, ground | - • | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposa | | aw, whether you now own, operate, o | r utilize it or used |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | nmental law defines as a hazardous | waste, hazardous substance, toxic s | ubstance, |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of when | they occurred. | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or potentially liable | under or in violation of an environme | ntal law? |
| | ■ No | | | |
| | ☐ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| | | | | |

Document Page 41 of 51 LAMBERTO G AGUILAR Case number (if known) Debtor 1 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ LAMBERTO G AGUILAR LAMBERTO G AGUILAR Signature of Debtor 2 Signature of Debtor 1 Date May 31, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 18-15783

Doc 1

Filed 05/31/18

Entered 05/31/18 16:47:50

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| | | Doc | ument Page 42 of 51 | |
|---------------------|--|-----------------------|---|---|
| Fill in this infor | mation to identify your | 00001 | | |
| | | | | |
| Debtor 1 | LAMBERTO G AC | Middle Name | Last Name | |
| Debtor 2 | riist name | wilddie Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| If you are an ind | ividual filing under cha e claims secured by yo | pter 7, you must fil | viduals Filing Under Chap I out this form if: | 12/15 12/15 |
| You must file thi | ever is earlier, unless th | ithin 30 days after | ot expired. you file your bankruptcy petition or by the date e time for cause. You must also send copies to | |
| | eople are filing togethe nd date the form. | r in a joint case, bo | th are equally responsible for supplying correc | et information. Both debtors must |
| | and accurate as possib our name and case nui | | s needed, attach a separate sheet to this form. | On the top of any additional pages, |
| Part 1: List Y | our Creditors Who Hav | e Secured Claims | | |
| 1. For any credit | | art 1 of Schedule D | : Creditors Who Have Claims Secured by Prope | erty (Official Form 106D), fill in the |
| Identify the cr | editor and the property t | hat is collateral | What do you intend to do with the property t secures a debt? | hat Did you claim the property as exempt on Schedule C? |

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|---|
| Creditor's Carrington Mortgage Service. Llc name: | ☐ Surrender the property. ■ Retain the property and redeem it. | □ No |
| Description of property securing debt: 6700 S BRAINARD AVE, Unit 130 Countryside, IL 60525 Cook County | ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ■ Yes |
| Creditor's PRUDENTIAL RETIREMENT name: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of property securing debt: 401(K) RETIREMENT PLAN: PRUDENTIAL RETIREMENT POST OFFICE BOX 5012 SCRANTON, PA 18505 | ■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]: | ■ Yes |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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| Debto | r 1 _ | LAMBERTO G AGUILAR | Case number (if known) | |
|--------|-------|--|---|--|
| | | | | |
| Lesso | | me: of leased | □ No | |
| Prope | | oi ieaseu | ☐ Yes | |
| Lesso | | me: of leased | □ No | |
| Prope | | oi ieaseu | ☐ Yes | |
| Lesso | | me: of leased | □ No | |
| Prope | • | oi ieaseu | ☐ Yes | |
| Lesso | | me: of leased | □ No | |
| Prope | | oi ieaseu | ☐ Yes | |
| Lesso | | me: of leased | □ No | |
| Prope | | oi leaseu | ☐ Yes | |
| Lesso | | me: of leased | □ No | |
| Prope | | or reaseu | ☐ Yes | |
| Lesso | | me: of leased | □ No | |
| Prope | | oi ieaseu | ☐ Yes | |
| Part 3 | s | ign Below | | |
| | | ulty of perjury, I declare that I have indicate at is subject to an unexpired lease. | my intention about any property of my estate that secures a debt and any personal | |
| | - | AMBERTO G AGUILAR | X | |
| | | BERTO G AGUILAR rure of Debtor 1 | Signature of Debtor 2 | |
| C | Date | May 31, 2018 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-15783 Doc 1 Filed 05/31/18 Entered 05/31/18 16:47:50 Desc Main Document Page 48 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In r | e LAMBERTO G AGUILAR | | Case No. | | |
|------|--|-------------------------------------|----------------------|--------------------------|--------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPE | NSATION OF ATTOR | RNEY FOR D | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | ng of the petition in bankruptcy, | or agreed to be paid | l to me, for services re | |
| | For legal services, I have agreed to accept | | \$ | 1,250.00 | |
| | Prior to the filing of this statement I have received. | | | 1,250.00 | |
| | Balance Due | | | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed comp | pensation with any other person | unless they are men | nbers and associates of | my law firm. |
| | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the nar | | | | w firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to re | ender legal service for all aspects | s of the bankruptcy | case, including: | |
| | a. Analysis of the debtor's financial situation, and rendeb. Preparation and filing of any petition, schedules, statc. Representation of the debtor at the meeting of creditord. [Other provisions as needed] | ement of affairs and plan which | may be required; | - | ruptcy; |
| | Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on ho | ons as needed; preparation | | | |
| 6. | By agreement with the debtor(s), the above-disclosed fer Representation of the debtors in any dis- any other adversary proceeding. | | | es, relief from stay | actions or |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding. | y agreement or arrangement for | payment to me for | representation of the de | ebtor(s) in |
| | May 31, 2018 | /s/ Esperanza Riv | | | |
| 1 | Date | Esperanza Rivera | | | |
| | | Signature of Attorne | | | |
| | | RIVERA-VALENZ | | | |
| | | 6418 W OGDEN A Berwyn, IL 60402 | | | |
| | | 708-749-8600 Fa | x: 708-749-8602 | | |
| | | RIVERALAWOFFI | ICE@ME.COM | | |
| | | Name of law firm | | | |

United States Bankruptcy CourtNorthern District of Illinois

| | | 1 (of the in District of Immors | | |
|-------|--|---|----------------|---------------------------|
| In re | LAMBERTO G AGUILAR | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | VE | CRIFICATION OF CREDITOR MA | ATRIX | |
| | | Number of C | Creditors: _ | 18 |
| | The above-named Debtor(s) (our) knowledge. |) hereby verifies that the list of credito | rs is true and | correct to the best of my |
| Date: | May 31, 2018 | /s/ LAMBERTO G AGUILAR LAMBERTO G AGUILAR Signature of Debtor | | |

Bank Of America Attn: Bankruptcy Po Box 982238 El Paso, TX 79998

Barclays Bank Delaware Attn: Correspondence Po Box 8801 Wilmington, DE 19899

Carrington Mortgage Service. Llc Po Box 3489 Anaheim, CA 92803

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citibank/Best Buy Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citicards Citi Credit Ser Po Box 790040 Saint Louis, MO 63179

Comenitybank/New York Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Credit First National Assoc Attn: BK Credit Operations Po Box 81315 Cleveland, OH 44181

Discover Financial Po Box 3025 New Albany, OH 43054

Kohls/Capital One Kohls Credit Po Box 3120 Milwaukee, WI 53201

PRUDENTIAL RETIREMENT POST OFFICE BOX 5012 Scranton, PA 18505

Syncb/car Care Midas Po Box 965036 Orlando, FL 32896

Synchrony Bank Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Gap Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Old Navy Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896